

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010881

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

149
FILED APR 2 1962

1433

VS 300
Rev. 4/59

1

2 3708

3

4 0

5 2

6

7 1

8 0

9 4201

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Young

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

47 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

1611 W. 43rd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3949 Clark

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Walter

W.

De Busman

4. DATE OF DEATH

Month

March

Day

10

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-26-1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Twin City Hardware Store Owner

10b. KIND OF BUSINESS OR INDUSTRY

Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

George De Busman

13b. MOTHER'S MAIDEN NAME

Elizabeth Cantzler

14. NAME OF HUSBAND OR WIFE

Deceased EDITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Jack C. DeBusman 6944 Brooklyn

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Atherosclerotic Heart Disease

?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/3/48 to 3/10/62 and last saw him alive on 1/25/62

Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1401 S. W. Blvd. K.C. Mo

22c. DATE SIGNED

3/12/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

BURIAL

23b. DATE

MAR 12 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

KANSAS CITY

23e. STATE

MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address

Overland Park, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.